

**MEDICAL DIRECTION COMMISSION
MINUTES
June 22, 2001**

Members Present: Dr. Garth Gemar (Chairman), Dr. John Raife Jr., Dr. Marc Levison, Dr. Michael Ward, Dr. Robert Vavrick, Dr. Peter Vann, and Dr. Barry Kriegsfield.

Ex-Officio Members Present: Dr. Kay Lewis and Dr. Richard Thomas.

Members Absent: Dr. Harvey Meislin, Dr. Frank Walter, Dr. James McLaughlin, and Dr. Wendy Ann Lucid.

Guests Present: Kevin Keeley, Mark Venuti, Dr. John Gallagher, Terry Mason, Janine Anderson, Roy Ryals, Brian Smith, Dr. Toni Brophy, Barbara Glickman-Williams, Jim Morgan, and Gene Zehring.

BEMS Staff Present: Dona Marie Markley, Robin Clark, Peggy Lahren, Karen Nelson, Susan Nicolas, Donna Meyer, Larry Lorenzen, and Howard Schwartz.

I. CALL TO ORDER

A regular meeting of the Medical Direction Commission was called to order at 1:05 p.m. by Chairman Dr. Gemar. A quorum was present.

Dr. Kay Lewis asked the Commission to observe a moment of silence for Howard Adams.

II. APPROVAL OF MINUTES

A motion was made by Dr. Gray, seconded by Dr. Vann to approve the minutes of January 26, 2001 with no corrections. Motion carried.

III. PRESENTATION OF CERTIFICATES

Dr. Gemar gave a committee membership report. Presented certificate of reappointment to Dr. Kriegsfield. All committee positions are full at the present time.

IV. CHAIRMAN'S REPORT

A. Miscellaneous Updates

- 1. Advisory Board Meeting** - Dr. Gemar reported there was a meeting of chairpersons and other members of Advisory Boards to the Director held yesterday June 21, 2001 and he attended as the chairperson of the statutory committees. Dr. Raife, Roy Ryals, Dr. Levison, Lynn Donaldson and Dr. Kay Lewis from statutory and standing committees also attended. The meeting was held to thank the members of the committees for their involvement. The topic of discussion was ADHS departmental goals.

2. **Status of Bureau Chief position** - Currently this position is being held by Ed Armijo as Acting Bureau Chief. The position will be advertised starting next week on several websites for one month, reevaluation will take place and interviews may then take place. If members would like to be part of the interview process please let Dr. Gemar know.
3. **Sternal Intraosseous Infusion Curriculum** - Revised curriculum for Sternal IO discussed. Recommended to use height and weight criteria to define "adults". Dr. Kay Lewis and Dr. Thomas will research the definition of adult with the community.

Follow Up: Put on next agenda - Medical Direction Commission -
October 26, 2001

Delegated to: Dr. Gemar

V. **OLD BUSINESS**

- A. **AHA ECC Copyright Statement** - Educationally one can make one copy for distribution for a class per year if it is marked "for teaching only."
- B. **Nasal Narcan** - Dr. Gallagher reviewed the results of the pilot study and concluded that the this study supports the original supposition that nasal delivery naloxone could be a safe and effective alternative to IV, IM, subcutaneous, or sublingual routes. Recommended this be added to the standard of care for the Paramedics and IMTs as an option for the administration route of Narcan.

A motion was made by Dr. Gray, seconded by Dr. Kriegsfeld to extend the pilot study on the effectiveness of nasal Narcan through June 30, 2002 and meanwhile start working on the appropriate protocol (PMD Committee) and curriculum for nasal Narcan (Education Committee).

Motion carried.

Recommended finding out if there are other studies that show Nasal Narcan is an accepted method for reversal of narcotics.

Follow Up: Agenda Items for September PMD and Education Committees
Who: Dr. Kay Lewis, Victor Dominguez, Dr. Richard Thomas, Dona Markley

VI. **NEW BUSINESS**

- A. **Succinylcholine vs substitute for Rapacuronium in RSI/MAI pilot project** -

Dr. Gemar recommended a guideline dosage of 1.5mg/kg for Succinylcholine and asked the commission for their recommendation.

A motion was made by Dr. Vavrick to accept the change to increase Succinylcholine from 1.0 mg/kg to 1.5 mg/kg and stipulate it be given I.V. This

would create a change in the curriculum and protocol. Also the QA form needs to refer to Succinylcholine instead of Rapacuronium.

Discussion ensued on the use of versed for the pilot and its placement in the regular drug box as optional not required.

Follow Up: Versed on Next Agenda for PMD - September 27, 2001
Delegated: Dr. Gemar

A motion was made by Dr. Vavrick, seconded by Dr. Kriegsfield to start the pilot project July 1, 2001 using Succinylcholine as long as people are trained and report every 6 months. Motion carried.

Follow Up: Send the Director a memo with changes
Delegated to: Dr. Gemar

- B. EMT-Is doing RSI/MAI** - The committee had previously agreed that the EMT-Is would not be doing RSI/MAI.

- C. Combitube Curriculum as a special skills course for EMT Basics**
A motion was made by Dr. Ward, seconded by Dr. Vavrick to approve Combitube as a special skill for EMT-Bs.
Motion carried.

- D. Revision of 9 A.A.C. 25, Article 8 to add Haz-mat protocol for Paramedics and Combitube protocol for EMT-B** - Informational only

Follow Up: Agenda Item - Emergency Rules Meeting - Possibly July 26, 2001
Delegated to: Dr. Gemar and Mark Venuti

- E. Mesa Fire Department Protocol for Pediatric Dyspnea Stridor or Wheezing Flow Chart**

Reviewed protocol and found some corrections:

Third box from the bottom - Administer Epinephrine should read 1:1,000 via SVN

Ipratropinun should read Ipratropium

Top box – ABC's take out apostrophe, it's not possessive

A motion was made by Dr. Gray, seconded by Dr. Kriegfield to accept this as standard protocol for pediatric dyspnea. Dr. Gray withdrew his motion and Dr. Kriegsfield seconded.

A friendly amendment was accepted by Dr. Gray to insert Consider adding Ipratropium Bromide 0.02% to the Albuterol SVN as the 2nd line in the 3rd box

down. The boxes that say greater than should also say greater than or equal to 4 yrs of age (3rd box from the bottom and the 5th box from the bottom). Remove Mesa Fire Departmental Protocol from the top and just leave protocol on. Also put disclaimer on the bottom.

A motion was made by Dr. Gray, seconded by Dr. Ward that the Medical Direction Commission of the State of Arizona endorses the use of Epinephrine via the SVN route, regardless of the protocol. Motion carried

F. EMT-Is performing cricothyrotomies and needle thoracostomies

A motion was made by Dr. Vavrick, seconded by Dr. Kriegsfield to allow EMT-Is to continue to perform cricothyrotomies and needle thoracostomies.

Motion carried. 1-abstention

Recommended suggesting to Regional Councils they possibly use part of SB 1201 appropriation towards data gathering.

G. EMT-I Curriculum - other issues - The pediatric hours of didactic were increased from 12 to 16 which increases the total didactic to 269 and the combined total to 389.

H. Unconscious Protocol for EMT-Paramedics and Intermediates: Addition of Nalmefene

A motion was made by Dr. Gray, seconded by Dr. Raife that the Medical Direction Commission endorse the draft of the unconscious protocol for EMT-Paramedics.

Motion carried.

I. Informational Update on Rulemaking to Implement SB 1319 -

The Department needs to have this rules package ready by November 10, 2001. The Director is putting together a panel which would include a representative of the Emergency Medical Services Council and Medical Direction Commission. Emergency meetings of EMS Council, Medical Direction Commission and STAB could be necessary in September or before.

J. MDC Bylaws

A motion was made by Dr. Levison that the Medical Direction Commission recommit to the Bylaws for the next three years.

Motion carried.

VII. COMMITTEE REPORTS

A. Protocols, Medications, and Devices Committee - Dr. Thomas reaffirmed that the PMD Committee felt that the training of pericardiocentesis to paramedics in the state was inappropriate.

Dr. Thomas reported that the PMD Committee was in the process of pursuing statewide treatment guidelines and will be meeting with paramedic educators next week. Dr. Thomas asked the committees for their suggestions for training.

Recommended having a master book of policies and protocols and including the last date it was approved.

Recommended including in the protocols the minimum and maximum standards for urban, suburban, rural and wilderness.

VIII. CALL TO PUBLIC

A copy of the Amyl Nitrite pilot project update is available through the Bureau.

IX. NEXT MEETING

The next regular meeting of the Medical Direction Commission is scheduled for October 26, 2001.

X. ADJOURNMENT

A motion was made and seconded to adjourn the meeting at 3:45 p.m.

Motion carried.

Approved by: Medical Direction Commission on 1/25/02